

## **INSTRUCTIONS FOR COMPLETING THE LEGAL ENTITY/PROVIDER ACCOUNT INFORMATION**

**A NEW EMAIL ACCOUNT MUST BE ESTABLISHED FOR EACH LEGAL ENTITY OR EACH PROVIDER UNDER THE LEGAL ENTITY. THE EMAIL ADDRESS WILL BE USED BY THE SYSTEM TO SEND NOTIFICATIONS REGARDING THE STATUS OF THE LEARNER'S REGISTRATION. IN ADDITION, A CONTACT PERSON PER LEGAL ENTITY OR PER PROVIDER MUST BE IDENTIFIED TO PROVIDE OVERSIGHT FOR THE PROCESS. THIS PERSON WILL BE RESPONSIBLE FOR MAINTAINING THE EMAIL ACCOUNT, E.G. OPENS EMAILS AND NOTIFIES THE LEARNER ABOUT THEIR REGISTRATION; KEEPS THE INBOX CURRENT, DISABLES EMPLOYEE ACCOUNTS WHO NO LONGER WORK FOR THE COMPANY, AND NOTIFIES THE DMH TRAINING DIVISION WHEN EMPLOYEES TERMINATE SERVICE.**

**THERE MAY BE ONE EMAIL ACCOUNT ESTABLISHED AT THE LEGAL ENTITY FOR ALL STAFF UNDER THE LEGAL ENTITY OR ONE EMAIL ACCOUNT ESTABLISHED AT EACH PROVIDER UNDER THE LEGAL ENTITY. THIS PRIMARILY DEPENDS UPON YOUR COMPANY'S RESOURCES AND THE NUMBER OF CLINICAL STAFF WHO ROUTINELY TAKE DMH-OFFERED TRAINING. *INDIVIDUAL EMAIL ADDRESSES SHOULD NOT BE USED.***

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
LEARNING NET SYSTEM**

**LEGAL ENTITY/PROVIDER ACCOUNT INFORMATION**

FAX THIS FORM TO THE DMH TRAINING DIVISION AT (213) 252-8776

\_\_\_\_\_  
DATE

TO:           DMH TRAINING DIVISION

FROM:       \_\_\_\_\_  
              CEO OR PROVIDER DIRECTOR (PLEASE PRINT)

I AM REQUESTING TO ADD THE FOLLOWING EMAIL ACCOUNT INFORMATION IN THE  
DEPARTMENT'S LEARNING NET SYSTEM:

***PLEASE PRINT***

\_\_\_\_\_  
LEGAL ENTITY OR PROVIDER EMAIL ADDRESS\* (REQUIRED)  
(        )

\_\_\_\_\_  
LEGAL ENTITY NAME & LE NUMBER (REQUIRED)  
(        )

\_\_\_\_\_  
PROV NAME & PROV NUMBER (IF ACCOUNT IS FOR PROVIDER)

\_\_\_\_\_  
PROVIDER NPI (IF ACCOUNT IS FOR LE USE ANY PROVIDER'S NPI)

\_\_\_\_\_  
NAME OF PERSON RESPONSIBLE FOR THIS ACCOUNT

\_\_\_\_\_  
WORK ADDRESS FOR PERSON ABOVE           CITY           ZIP  
(        )

\_\_\_\_\_  
TELEPHONE NUMBER FOR PERSON ABOVE  
(        )

\_\_\_\_\_  
FAX NUMBER FOR PERSON ABOVE

\_\_\_\_\_  
CHIEF EXECUTIVE OFFICER NAME  
(        )

\_\_\_\_\_  
CHIEF EXECUTIVE OFFICER'S TELEPHONE NUMBER

\_\_\_\_\_  
CHIEF EXECUTIVE OFFICER'S EMAIL ADDRESS

\_\_\_\_\_  
PROVIDER DIRECTOR NAME\*  
(        )

\_\_\_\_\_  
PROVIDER DIRECTOR TELEPHONE NUMBER\*

\_\_\_\_\_  
PROVIDER DIRECTOR EMAIL ADDRESS\*  
**APPROVED:**

\_\_\_\_\_  
C.E.O. OR PROVIDER DIRECTOR OR DESIGNEE SIGNATURE

\*THIS MUST BE A GENERIC EMAIL ADDRESS (I.E. TRAINING@LE1234.ORG) PLEASE DO NOT USE THE  
LEGAL ENTITY/PROVIDER WEBSITE OR AN INDIVIDUAL EMPLOYEE'S EMAIL ADDRESS.

County of Los Angeles Department of Mental Health

TRAINING DIVISION

DMH Contract Provider

LEARNING NET SYSTEM ACCESS FORM

**Instructions:** All information must be completed to add your name into the DMH Learning Net System. This is required for DMH contract provider personnel to register and attend any DMH offered training.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Starting Date	Last 4 digits of SSN	Rendering Provider NPI (National Provider ID) 10-digit requirement
New <input type="checkbox"/>		
Termination <input type="checkbox"/>		
<input type="text"/>	<input type="text"/>	
Last Name (please print)	First Name and Middle Initial (please print)	
( <input type="text"/> )	<input type="text"/>	<input type="text"/>
Area Code	Telephone No.	*Professional License No. M/F
<input type="text"/>	<input type="text"/>	<input type="text"/>
Legal Entity Name	5-digit LE. No.	**Learning Net E-mail Address.
<input type="text"/>		( <input type="text"/> )
Address		Area Code Fax No.
<input type="text"/>		<input type="text"/>
City		Zip
<input type="text"/>	<input type="text"/>	
Authorized Staff Designated to Sign (print)	Authorized Staff Designated to Sign (signature)	
<p>*Licensed, waived and para-professional staff. DMH does not provide training for clerical and administrative contract personnel. **The email address must be the one designated for the Learning Net. This email is assigned by your legal entity's IT Department.</p> <p>For processing complete and submit to: LAC-DMH Training Division 695 S. Vermont Ave., 15th Floor, Los Angeles, CA 90005 Fax: (213) 252-8776 or 252-8775 Phone: (213) 251-6854</p>		

**INSTRUCTIONS FOR COMPLETING THE LEARNING NET ACCESS FORM  
FOR CLINICAL AND PARA-PROFESSIONAL STAFF WORKING AT DMH LEGAL ENTITIES**

**Starting Date**

Enter the date the staff began working for the legal entity.

**Last four digits of SSN**

Enter the last four digits of the SSN.

**National Provider Identifier**

Enter the rendering provider's NPI.

**New or Termination Check Box**

Check the appropriate box. If the staff is relocating to another provider number under the same legal entity and has previously submitted an access form, do not complete a new form.

**Last Name – First Name and Middle Initial**

Print the staff's last and first name. Include a middle initial if the person has a middle name.

**Area Code/Phone No.**

Enter the area code and telephone number of the rendering provider or enter the area code and telephone number of the authorized staff designated to sign.

**Professional License No.**

If the staff is licensed, registered or waived, enter the number. If the rendering provider does not have a license leave blank. DMH does not offer training to Administrative and/or support staff.

**M/F**

Enter the staff's gender.

**Legal Entity Name and 4-digit State-assigned Provider No.**

Enter the name of the legal entity and the four-digit provider number where the staff is assigned. If the staff works in more than one provider number enter the primary number.

**Learning Net E-mail Address**

Enter the email address that has been designated for the Learning Net by the legal entity's IT Department. Do not enter an individual's email address. If the email that is entered does not match the Training Division's records the form will be returned.

**Address**

Enter the provider address where the staff is assigned.

**Area Code/Fax No.**

Enter the area code and fax number where the rendering provider is assigned.

**City**

Enter the city where the staff is assigned.

# Learningnet

A Web based learning management system that enables the County of Los Angeles to manage and deliver various types of learning resources to all County employees.

## FOR LEARNERS

### Quick Reference

1. Go to the Catalog Search box on the home page. Or click on Catalog in the left menu, then click on the text field, then, click on the Search Learning Catalog button.
2. Use Advanced Search to find offerings by Title, keyword, Delivery type and more.
3. Type your search query in one of the text fields, then, click on the categories.
4. Use Browse by Category to search the catalog by pre-assigned categories.

### LOGON TO THE LEARNING NET

1. Type Https:// Learningnet. lacounty.gov in the address bar.
2. Enter your Username, Type lowercase "a" followed by your birth in the mdyy format. For example, if your date of birth is May 10, 2007, your password will be "5102007".
3. Enter your Password. For the first time login, type your date of birth in the mdyy format. For example, if your date of birth is May 10, 2007, your password will be "5102007".
4. If you forget your password, contact your Learning Net Coordinator to reset it.

### REGISTER FOR AN OFFERING

1. Search the Catalog (see reference item II) to find the course offering.
2. To register for a Web-based training, click on Launch in the right Register column. For all other offerings, click on Register.
3. A registration confirmation page will appear, on which you are registered.
4. If the offering you registered for needs managers approval, an email will be automatically sent to your manager.

### VIEW MY ENROLLMENTS

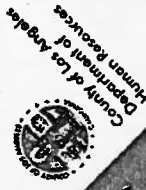
1. Click on the top Learning tab, then click on the Actions column.
2. To Drop, View or Launch on appropriate link in the right column.
3. You are registered, displays offerings for which you are registered.
4. To Drop, View or Launch on appropriate link in the right column.

### VIEW MY TRANSCRIPT

1. Click on the top Learning tab, then click on the Actions column.
2. To see your entire transcript, click on the transcript link in the right column.
3. To see your entire transcript, click on the transcript link in the right column.
4. To see your entire transcript, click on the transcript link in the right column.

### PRINT A CERTIFICATE OF COMPLETION

1. Click on the top Learning tab, then click on the Actions column.
2. To print a certificate of completion, click on the certificate link in the right column.
3. You are registered, displays offerings for which you are registered.
4. To print a certificate of completion, click on the certificate link in the right column.



County of Los Angeles  
Department of Human Resources  
213.351.1335  
DMH Help Desk at  
Assistance?  
Need